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PURSUANT TO 37 C.F.R. § 1.10, I HEREBY CERTIFY THAT I HAVE A REASONABLE BASIS FOR BELIEF THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE," AND IS ADDRESSED TO:

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Paul N. Katz

PAUL N. KATZ

REG. No. 35,917

JULY 26, 2005
DATE OF MAILING

EV448732425US
EXPRESS MAIL LABEL

U.S.S.N.:	09/870,711
FILING DATE:	JUNE 1, 2001
APPLICANT:	MICHAEL I. CATHERWOOD
GROUP ART UNIT:	2193
EXAMINER:	DAVID H. MALZAHN
ATTORNEY DOCKET No.	068354.1446
TITLE:	"MAXIMALLY NEGATIVE SIGNED FRACTIONAL NUMBER MULTIPLICATION"

INCLUDED IN THIS MAILING FOR THE ABOVE-REFERENCED PATENT APPLICATION ARE:

1. ISSUE FEE TRANSMITTAL;
2. CHECK No. 934844 IN THE AMOUNT OF \$30.00 FOR ISSUE FEE;
3. RESUBMISSION OF FOUR (4) SHEETS FORMAL DRAWINGS; AND
4. RETURN RECEIPT POSTCARD TO ACKNOWLEDGE RECEIPT OF ABOVE ITEMS.

ATTORNEY CONTACT:	PAUL N. KATZ
	REG. No. 35,917
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JUL 26 2005

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Post Office To Addressee

ORIGIN (POSTAL USE ONLY)		
Date In Mo. Day Year	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Flat Rate Envelope <input type="checkbox"/>
Time In <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Postage \$
Weight lbs. ozs.	Int'l Alpha Country Code	Return Receipt Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	COD Fee Insurance Fee
Total Postage & Fees \$		

DELIVERY (POSTAL USE ONLY)		
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
<input type="checkbox"/> NO DELIVERY (Weekend <input type="checkbox"/> Holiday <input type="checkbox"/>) Customer Signature		

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FROM: (PLEASE PRINT) PHONE 713 229 1234
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Papers filed herewith on: 7.26.2005

DOCKET NO.: 068354.1446

ATTY/SEC: MIC 1004

APPLICANT(S): Michael J. Osterwald

USN: 06/820,711 FILED: 6.1.2001

PAT NO.: N/A

☐ New Application with Transmittal Letter

☐ Utility ☐ Design ☐ CIP ☐ Provisional

☐ Filing Under 37 CFR 1.53(b) ☐ CONT ☐ DIV

☐ Filing Under 37 CFR 1.114(RCE)

☐ Filing Under 37 CFR 1.53(d) (CPA)

☐ Specification Consisting of: _____ pages

☐ Declaration

☐ Power of Attorney

☐ Assignment / Cover Letter

☐ Letter to Official Draftsman

☒ Drawings: 4 Sheets ☒ Formal ☐ Informal ☐ Red-link

☐ Priority Document(s)

☐ Amendment:

☐ Transmittal Ltr ☐ Large Entity ☐ Small Entity

☐ Response

☐ Information Disci Stmt. PTO-1449(s) _____ ref(s)

☐ Notice of Appeal ☐ Appeal Brief

☒ Issue Fee Transmittal

FEES: 068354.1446 - \$24.00

Other: _____

Receipt is hereby acknowledged of the papers filed as indicated in connection with the above identified case. COMMISSIONER FOR PATENTS

Due Date: 8.29.2005

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MTI-1754 US.O